QUESTIONS AND ANSWERS
TO THE
REQUEST FOR PROPOSALS
FOR
INNOVATIONS IN LONG TERM CARE

Issued by:

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Proposals Due December 20, 2000

Questions and Answers
Innovations in Long Term Care RFP
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USE OF FUNDS

NOTE: The intent of the Long Term Care Innovations grant is to develop new ways, or to replicate successful ways to support people with long term care needs more effectively. It is expected that these innovations may be sustained by being incorporated into the new, integrated systems of care to be developed. These systems of care are described in the Long Term Care Work Group Report. Requests for equipment and/or renovation will be evaluated against the merit of the proposal objective (i.e. the equipment and renovations support a selected proposal) and may be included in the proposal budget. If the main intent of the proposal is to request equipment or renovations, funding is unlikely. All proposed projects are subject to existing statutes, rules or standards (i.e. certificate of need and licensing regulations.)

1. **Will Capital Equipment Expenditures be considered ineligible for grant funds that meet the criteria from the LTC work group report. Example being the purchase of a large van/bus to assist residents in transportation availability. To include picking up spouses, family members to bring them to facility for visitations etc.**

   All applications will be evaluated according to the programmatic criteria outlined in the RFP. Line item budgets that include the purchase of vans are allowable and will be evaluated in the context of how they relate to the program being proposed and outcomes expected. Long Term Care Innovation grant resources may not be used to purchase any items that are paid for with Medicaid funds.

2. **Can furnishings be included in the grant? Such as room furnishings, therapy, wheelchairs, lift systems, etc?**

   All applications will be evaluated according to the programmatic criteria outlined in the RFP. Furnishings may be included in the line item budget and will be evaluated in the context of how they relate to the program being proposed and outcomes expected. Long Term Care Innovation grant resources may not be used to purchase any items that are paid for with Medicaid funds.

3. **The RFP states that grant funds may not be used for major remodeling or alteration of buildings. Is there a funding limit amount for remodeling?**

   Remodeling or construction costs should not exceed 10% of the total project budget.

4. **Can this grant be utilized for staff training?**

   Yes

5. **Can any of the funds requested for the projects be used to:**
   a **Lease an existing building to provide services proposed in an approved project?**
   b. **Add staff?**
   c. **Partially defray the expense of existing or new staff?**
   d. **Hire a consultant who would work for Freeman's and yet be the project manager?**
   e. **Pay for services provided by a third party?**

   All applications will be evaluated according to the programmatic criteria outlined in the RFP. The items listed above may be included in the line item budget and will be evaluated in the context of how they relate to the program being proposed and outcomes expected. Long Term Care Innovation grant resources may not be used to purchase any items that are paid for with Medicaid funds.

6. **Can any of the funds requested for the project be used for purchase or upgrade of equipment, ie: beds, mattresses, wheelchairs and other items that are covered in the daily rate of the Medicaid resident, or for air conditioning of the facility?**

   No

7. **If part of an approved grant included getting people to and from the facility, can a handicapped accessible extended van or bus be underwritten into the project as an approved expense?**

   All applications will be evaluated according to the programmatic criteria outlined in the RFP. A van may be included in the line item budget and will be evaluated in the context of how it relates to the program being proposed and outcomes expected. Long Term Care Innovation grant resources may not be used to purchase any items that are paid for with Medicaid funds.

8. **Could the Innovation in Long Term Care Grant cover the salary and fringe benefits of new employees hired to provide the service which is the subject of the grant application?**

   Yes

9. **Could the Innovations in Long Term Care Grant cover the salaries and fringe benefits of current employees involved in community outreach educational programs conducted off-site?**

   Yes

10. **We are a small facility. Total capacity 46. I need to replace windows in the building, specifically in all resident rooms. Can I use a portion of the grant money for this project? It is my opinion that this would not fall under the disqualifier of "major remodeling or alteration" of the building. Is that correct?**

    Replacement of windows in all residents rooms is not an appropriate use of grant funds. Long Term Care Innovation grant resources may not be used to purchase any items that are paid for with Medicaid funds.

11. **Since we are totally prohibited from most projects due to lack of space, construction would most likely be a part of the project. Would the total part of the construction phase of the project have to be totally underwritten by the owners, or could part of the construction phase be written into the project?**

    Construction costs are limited to 10% of the total proposed budget. Construction alone would not fulfill the requirements outlined in RFP.

COLLABORATION

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12. **How extensive do the letters of collaboration have to be?**

    Each collaborating entity involved in the project should provide a letter of collaboration that: details the role they will play, identifies individuals to be involved in the project and describes the type and amount of activities to be provided to the project. If the collaborating entity will be contributing to the "in-kind" match in the proposed budget, that commitment should also be described in the letter.

13. **What should be included in a letter of support from members of the regional training consortiums or from individual trainers who may not be part of a regional training consortium?**

    Same as above question #12.

14. **What should be included in a letter from a collaborator indicating their commitment to provide a % of the in-kind match.**

    The collaborator should describe what activities or resources will be provided as match and the amount and commitment to report them as required for the financial reports for the project. In-kind match should also be reflected in the budget narrative portion of the proposal.

15. **Is it an asset or a liability to have revenue sources from other sources (like a foundation) included in the project?**

    This would be considered an asset.

16. **Need we have "Partners" or "Collaborators" given our single site internal project?**

    Yes

MATCH

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17. **Is there a 20% match required for proposal submitted under the Long Term Care Staff Development and Training competition?**

    Yes

18. **Can unrecovered indirect be used to serve as the 20% match?**

    Yes

19. **Is it possible that a portion of the 20% matching grant could be an in-kind match from one or more of the collaborating regional training consortiums? If so, how much of the match could be from a collaborator?**

    Yes. There is no limit on the amount of match that may be provided by collaborating organizations.

20. **Could you be more specific as to what you will accept for the required match?**

    The RFP states that: State funds cannot be used as match contribution. The non-state match contribution may be in cash or in-kind, fairly evaluated, including plant, equipment or services. In-direct costs have been limited to 2% of LTC funds. Remaining indirect costs may be used to reflect in-kind match. Applicants may use local appropriated dollars, public dollars provided by local government or other public entities and private donations as matching funds." Organizations may not include Older Americans Act funds or other federal funds as match.

21. **Are we able to use federal funds to meet the requirement for 20% matching funds?**

    No

22. **Can federal Older American Act $ or other federal funds be used as match?**

    No

23. **When the 20% matching funds are discussed, may those funds be put into the construction phase of the project, and may they also be spread evenly over three years?**

    Yes. Minor remodeling or construction limited to 10% of the total budget, may be included.

24. **Can the DCIS Innovative Grant Program monies be viewed as unique and qualify for the 20% match requirement for the Innovations in Long Term Care Projects?**

    No

25. Are we to include in-kind contributions, anywhere on the budget forms or is the only disclosure of the information found in the budget narrative?

Matching in-kind contributions, including in-kinds involving cost sharing, should be described in the Project Narrative under Matching Funds. It should also be reflected on the Program Budget Summary (DCH-0385) under Source of Funds - Other and listed as In-kind per the budget instructions. If matching funds are from a collaborative, a letter detailing same should be included in the proposal.

26. How does the match work exactly?

See all questions 17 to 25.

27. Since much of my income is "State Medicaid" money could that count if I applied a portion of my salary and the plan costs as in-kind contributions to the match? How would that cost be reported. Would it reduce my allowable Medicaid costs?

State Medicaid funds may not be used as in-kind match.

NUMBER OF PROPOSALS THAT MAY BE SUBMITTED
BY ORGANIZATIONS RESPONDING TO THE LONG TERM CARE RFP

28a. Can you have more than one project from a facility? If so is there a preferred way to handle the proposal?

28b. Is MPHI, which houses 9 programs and 120+ separate projects considered a Grantee, or is each program a separate Grantee. e.g., there are other projects within MPHI that may want to apply, as do we, so can we each apply up to the max amount or are we limited to $300K for the Institute as a whole?

The $300,000 cap relates to a grantee for a single proposed project. More than one project proposal may be submitted by a single facility or organization. Each proposal will be judged on its own merits according to the criteria outlined in the RFP. Organizations submitting more than one proposal should submit eight copies of each proposal under separate cover. Awards above the maximum may be considered for exemplary, collaborative proposals with high potential for replication and leveraging of other resources.

29. Could you clarify whether organizations, such as Citizens for Better Care, submit one RFP for each funding category or project, or do we submit one application that includes one or more of the funding categories or projects.

A separate proposal should be prepared for each project proposed.

30. CareWeavers Community Health is a consortium of multiple organizations. Would it be better for the CareWeavers consortium to apply for a larger amount of money or have individual members apply for each of the component parts of our proposal?

Each proposal will be evaluated individually. If proposals involve component parts , reviewers will not be able to evaluate how they work together, unless they are all included in one proposal request.

31. Can a bidder submit more than one proposal in a single category (e.g. LTC Staff Development and Training)?

Yes

32. **With the $300K maximum per institution, if an agency is a partner in several different proposals, how will the funding cap issue work out?**

The $300,000 cap relates to a grantee for a single proposal project. Organizations may choose to participate in as many applications as it so desires. Grantees are not limited from being identified as a partner or subcontractor for other projects.

33a. **May we submit more than one proposal to your team?**

Yes

33b. **If so, may we do a continuation of a project which was funded through the current Innovative grant program, ie: We were recently approved for an enclosed area with a pavilion. We are still in need of a wheel chair accessible walkway and ramp and landscaping. Would this be considered construction, and therefore not an approved project or would it be something we could apply for?**

Each proposal will be evaluated according to the programmatic criteria outlined in the RFP. Minor constructions costs may be included and should be limited to 10% of the total project budget.

34. **Does a small, little facility way up in the UP have a chance in securing any money through this process if the grant is well written, a great idea, with a vision for the future and a strong staff with a desire to make it happen? I truly believe that we will be able to improve access to care, improve the quality of care for our forty five residents, and ultimately improve the quality of life for our residents of today and the residents of our future. I certainly hope we have the opportunity to make is happen.**

Yes, each proposal will be evaluated according to the criteria outlined in the RFP.

35. **Please clarify the "Availability of Funds." Can a grantee receive up to $300,000 maximum over all the areas for which one applies?**

The $300,000 maximum cap applies to a single proposed project.

36. **Is it best for a bidder to put all the focus on one grant request, or can a bidder submit multiple proposals for more than the $300,000 maximum and prioritize them to the State?**

Bidders may participate in as many applications as they desire. Prioritization and recommendation for funding will be made by the Department of Community Health.

37. **Some bidders may request a grant as a single entity, and then partner with other agencies on one or more additional initiatives. How will the state acknowledge this and not penalize a grantee when possibly reaching the funding limit?**

Bidders may participate in as many proposals as they desire. Proposals will be evaluated based on the criteria outlined in the RFP. Bidders will not be penalized for collaborating on other projects. Final funding decisions will be made by the Department of Community Health.

38. **In terms of the dollar amount requested, could you give a further explanation of your expectations for individual requests?**

It is expected that mini-proposals will include projects to be implemented in the $50,000 range of funding. It is expected that the average award will range from $100,000 to $150,000 for a three-year period. The maximum amount of a grant award is $300,000. Awards above the maximum may be considered for exemplary, collaborative proposals with high potential for replication and leveraging of other resources.

39. Is there a maximum for a single institution such as a university?

For any institution, including a university, the maximum amount of a grant award is $300,000 for a single program. Awards above the maximum may be considered for exemplary, collaborative proposals with high potential for replication and leveraging of other resources.

40. Can a single institution submit more than one application?

Yes

41. May we submit more than one proposal to your team?

Yes

42. Is it possible to write one grant to fund a grantee to carry out an educational & coordinating role with regional training consortiums and another grant (or grants) to fund each of the regional training consortiums or to fund individual trainers?

Yes. However, if these activities together describe one comprehensive project, they should be submitted as one proposal.

43. Can collaborating grantees submit separate components of a larger project to achieve funding support greater than the $300,000 limit?

To adequately evaluate the comprehensive collaborative project, all components should be submitted in a single application.

APPROPRIATENESS OF PROPOSED PROGRAM

44a. We want to make our service available to all low-income individuals who need assistance with funding assistive technology. While a large percentage of these individuals will require long-term care (i.e. personal assistance services, home health care, chore services, etc.), many will be able to function independently upon receipt of the necessary assistive technology. In this proposal, should we include all people who can benefit from the service or only those who require long-term care services?

All individuals described above, who can benefit from the service, should be included in the project proposal.

44b. Because this service will be available to the whole state of Michigan, do we need to include a map of the state as indicated on 6A. of the Proposal Checklist?

No

45. Does a program involving construction which enhances and improves on existing programs for frail elderly and dementia/Alzheimer's individuals meet the program criteria for Elderly and Disability?

Construction costs are limited to 10% of the total proposed budget. Construction alone would not fulfill the requirements outlined in RFP.

46. **Please send more information or directions to pursue funding for programs related to training, community education and/or training.**

Information about the Grand-Kent Community Consortium on Successful Aging is available by contacting the project at (616) 234-3483 or e-mail: mfaber@grcc.cc.mi.us

47. **Our questions relates to the Section IV, Part B. Is the Initiative interested in applications addressing issues of end-of-life care and/or advance directives as part of its community education efforts? Is the focus more on educating the community about long term care insurance, replication of the Grand/Kent Consortium, retirement planning, etc.?**

Education efforts on the end of life care and advance directives may be submitted in response to this RFP under the Community Education Efforts or under Innovative Projects for Individuals who are Elderly and for Adults with Disabilities. The Department of Community Health may fund initiatives such as the one described above under either category.

48. **Some members of regional training consortiums believe they can fulfill their training commitments with the support of their agency without any additional funding going to their agency. These are trainers who work for agencies that continue to receive caregiver education funding. However, other members of regional training consortiums do not believe they can carry out their training commitments unless their agency receives some funding to support their training efforts. The question is: what is the future of caregiver education funding? The impact of that funding on dementia training affects the design of a possible proposal from a network of dementia trainers.**

The current dementia caregiver education program coordinated by the Mental Health and Substance Abuse Administration in the Department of Community Health is expected to continue. As with any state-funded project, continuation is based on annual legislative appropriations.

49. **If a trainers' agency is submitting an innovations grant with a focus different from that of the training network, is it possible for an individual trainer to be involved with both grants?**

Yes

50. **Since some small amounts of tobacco funding have been used for respite and adult day care, a seriously needed deterrent to nursing home care for dementia persons, would a specialized dementia day care program for pre- and new-Medicaid recipients be considered "innovative" enough?**

Yes. Each proposal will be evaluated according to the criteria outlined in the RFP. Bidders should also note that the Long Term Care Work Group Report identifies these and other projects on pages 27 and 28 and recommends expansions and replications.

51. **To effectively utilize limited grant funds to support a broad band information service delivery proposal, can service areas be as narrowly defined as individual counties, or limited by number of eligible members? Example: A 1-800 line information and referral service limited to one County?**

Yes

52. **Section IV.B. states that, "funding will support collaborative community education programs on successful aging." It does not specifically state that funds can be used to educate people with disabilities on long term care options and how to plan for them. Would this be an eligible use of funds?**

Education efforts to educate people with disabilities on long term care options may be submitted in response to this RFP under the Community Education Efforts or under Innovative Projects for Individuals who are Elderly and for Adults with Disabilities. The Department of Community Health may choose to fund initiatives such as the one described above under either category.

CONTRACT SPECIFICATIONS

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53. **The grants cover a three year period, if you are awarded a grant, is the money given in three equal installments, or is it possible to receive more of the reward in the first year to help defray start up costs?**

Proposals should include a budget for each 12-month period of the project for a maximum of three years. An operating advance may be provided to the Contractor, by the Department, to assist in initiating the program. The advance amount requested must be reasonable in relationship to the program's requirements, billing cycle, etc.; and in no case exceed the amount required for 60 days operating expense. The monthly Financial Status Report will be utilized to replenish the operating funds on a regular recurring basis.

54. **Is a grantee an institution or an investigator?**

The grantee is an institution.

55. **If expenditure reports are due quarterly, more specifically, 30 days after the end of each quarter, that means the agency must finance the expenses for approximately 5 months prior to receiving a check for reimbursement of expenses. Is there a mechanism for either an advance or some type of earlier reimbursement so that agencies can meet operating expenses without funding the program for such a long period of time?**

Grantees may request an operating advance. Expenditure reports may be submitted monthly.

56. **Under project reports and records (page 3), it states that quarterly reports of expenditures as well as narrative progress reports are due 30 days after the end of the quarter. Under grant payment distribution (page 5), it states that quarterly status reports (FSR's) are due within 15 days after the end of the quarter. Which is correct?**

30 days.

57. **Will funding be fully granted for the full three years when a project is funded initially; or will the projects be required to requalify each year after year one?**

Contracts for the projects will cover the three-year period. Provisions for termination of the agreement will be outlined in the contract between the Department of Community Health and the Grantee. Payments will be made based on financial and program reports that document the project is proceeding as specified in the contract between the department and the contractor.

58. **Is the Committee/Workgroup, and are you, primarily looking for regional or more "community based initiatives?" Will it be given an additional rating factor?**

All projects will be evaluated according to the criteria outlined in the RFP. Both regional and community-based initiatives may be funded.

59. **Is it possible to include in one grant several fiduciaries (i.e. the grant would be divided up front with each regional group or individual trainer & MADRC receiving a portion of the grant rather**

than disbursing all the grant funding through a lead agency)?

Each grant application should have a single fiduciary.

60. **Can we write into the grant that during the three-year, funding period, the lead organization could change to a 501(C)(3) agency with the mission of providing education statewide?**

Yes

61. **Project Narrative, Section h. Budget Narrative, Pages 20, 25, 29 states that "Budgets should describe necessary resources for each 12-month project period for a maximum of 3 years." Is the 12-month period set, i.e. federal or state fiscal year, or can it be determined by the prospective bidder?**

It is anticipated that most projects will have a start date of March 1 or April 1, 2001 and continue for a maximum period of 36 months after the start date. It is expected that for most projects, one contract covering the entire project period will be developed. Contract amendments may be processed as needed to incorporate necessary budget and statement of work requirements.

INDIRECT COSTS

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62. **For organizations without a federal designation for indirect costs, how does the 2% apply? Do we need to apply for a designation of indirect costs? What are the components of the designated indirect costs? Could you provide a sample/example to review? Could you please give your definition of indirect costs?**

Organizations that do not already have an approved indirect cost rate as described below should not include indirect costs in their budgets. The Federal Grants Management Handbook recently (February 2000) advised pass-through agencies (the Department of Community Health is a pass-through agency for federal funding that we subsequently provide to local agencies) of their subrecipient monitoring responsibility relative to indirect costs. The Department has the responsibility to review indirect cost rate proposals and monitor indirect costs during the course of the subawards.

Acceptable documentation (must be provided with the agreement/amendment submission) for indirect Costs, subject to audit:
-For those agencies who receive direct federal funding, indirect cost rate approval is given by the federal cognizant agency. A copy of the federal approval is acceptable documentation.

-Intermediate School Districts (ISD's) routinely receive indirect cost rate approval from the Department of Education as their funding agency. A copy of the letter approving the rate is acceptable documentation.

-Other state agency approval of indirect cost rate approvals (based upon internal reviews of supporting documentation). A copy of the letter or other approval document is acceptable documentation.

Indirect costs which are not supported by acceptable documentation will not be paid until acceptable documentation is received by the Department. Administrative cost distributions which are not supported by an acceptable indirect cost rate should not be budgeted and will not be reimbursed. Agencies should be advised to apply the administrative costs to the appropriate budget category or remove them from the budget.

Audit staff are responsible for reviewing the pass-through agency's records, through the single audit process, to ensure that indirect costs were properly applied. Audit staff are also responsible for performing tests to verify that the pass-through agency has reviewed subrecipient indirect rates and requested supporting documentation.

63. **Does the proposal have to target for education only those who currently qualify for MI-Choice or can it also include people who are at risk for qualifying for MI-Choice on the basis of their medical diagnosis?**

Proposals may target individuals who currently qualify for MI-Choice <u>as well as</u> people who are at risk for qualifying for MI-Choice on the basis of their medical diagnosis.

64. **Can we get information from MDCH off the MI-CIS System to get specific numbers (such as total pre-screened, total eligibles/ineligibles etc.) For the regions we are interested in serving under this grant award?**

Yes, Contact Jane Church at OSA at (517) 373-4095 or e-mail: Jane_Church@state.mi.us.

65a. **People with chronic mental disabilities do not seem to be included in definitions/criteria for Elderly and Adults with Disabilities. Is this an accurate interpretation? If so, should we or should we not submit a proposal? Where do individuals with mental disabilities fit into the continuum of Long Term Care?**

65b. **Could you please clarify for me the definition of one of your target population groups for the Long Term Care Innovations Funding? Specifically, I would like to know if adults with developmental disabilities would be eligible for this funding. In the overall description of the target population groups on page 13 of the RFP, it says that "adults with physical disabilities" are eligible. However, physical disabilities per se is not specified in description that follows that paragraph. Since our agency primarily serves adults with developmental disabilities, would we be eligible to apply for this funding?**

Individuals with serious mental illness or a developmental disability are not the target population for this RFP unless they also fit into one of the four population groups described in the RFP.

GENERAL QUESTIONS

66. **When will the questions and answers be posted on the MDCH web site and where on the site will they be located?**

Questions and answers will be posted on the Department of Community Health site at: http://www.mdch.state.mi.us/ by November 14.

67a. **Can I get a listing of those who sent in a letter of intent? There a may be a good opportunity or two for us to collaborate with others in Southwest Michigan.**

67b. **I am interested in receiving a list of the names and addresses of those entities that expressed an interest in submitting a proposal for Long Term Care Programs. I believe that this is public information. If the list is not too long, could you fax it to me?**

No. This information will not be issued until the date for submission of proposals in response to this RFP has passed.

68. **I went on the website and did not see Q & A for the RFP. I just realized today was the last date for questions, and I faxed one off. I wondered when Q&A would be posted or if I overlooked it?**

Answers will be posted by November 14, 2000.

69. **Is a map required given the fact that my proposal affects a single nursing home?**

   No

70. **Can you give some ideas/response to what options might exist for Projects for funding after year three to avoid the initiation to a response for older adults and its potential discontinuation? Relatedly, are projects expected to achieve full self-sufficiency as a condition of grant?**

   It is expected that successful programs and approaches developed through this RFP will be incorporated into systems of care that are being developed as part of the state's overall long-term care initiatives.

71. **"Planning grants for entities preparing to submit proposals for the future RFP's for implementing long term care models in a specific community" If the prospective bidder is successful in obtaining the grant for this project, will it prohibit the entity from responding to future RFP's to become one of the model programs?**

   No

72. **When will the questions and answers be posted on the MDCH web site and where on the site will they be located?**

   The questions will be posted by November 14 at: http://www.mdch.state.mi.us/ under long term care.

73. **A separate RFP process will be used to implement the integrated system models described in the LTC Work Group Report."Question: What is the projected time frame for the release of the integrated system model RFP?**

   The RFP is expected to be sent out in 2001.

QUESTIONS ABOUT PROPOSAL CONTENT REQUIREMENTS IN RFP

74. **Project Narrative, paragraph g. Outcome Measures and Evaluation Methods, Page 29. Is data resources and research questions included in the 3 page maximum, or considered additional information?**

   No

75. **Page 2 of Attachment D, number 5. Contractual (Subcontracts), states that, "detail on each subcontract must be provided on the DCH-0386 Cost Detail Schedule, however, multiple small subcontracts can be grouped". If we group all subcontract information on one Cost Detail Schedule, the information becomes redundant to form DCH-0385. Should we have the subcontractors each fill out form DCH-0386 to be submitted with the consolidated report form DCH-0385?**

   Yes

76. **Is it expected that person centered planning will apply in acute/primary settings under the long term care models?**

   Yes

77. **Will self directed care apply to LTC settings only under the long term care models?**

   No

78. **If an organization receives an innovations RFP grant for development costs relative to developing a long term care model would it in any way be disqualified from receiving added financial support from the development funds that have been withheld for becoming a phase I long term care model?**

    No

79. **Is it necessary to include the cost of evaluation in the project? If yes, this could use up a significant portion of the award for a sizeable project**.

    Costs for evaluation should be included in the project budget.

The Following questions were submitted but relate to implementation of the models that are described in the Long Term Care Work Group Report. These questions are not appropriate to the Innovations in Long Term Care RFP and will not be answered.

Can projects be linked to separate risk contract proposals utilizing existing Medicaid health care delivery funding?

At what point does the risk structure for Long Term Care Initiatives (model projects under the RFP) become applicable or become intrinsic? Will initiatives be funded without risk?

Must a qualified health plan be part of the risk initiative? If not a requirement, is it a preference?

Can a Pace Model for a region, county, or population of 2,000 plus Medicaid recipients be proposed as an Initiative?

Is Medicaid the only allowable eligibility for a Long Term Care Initiative? Could a provider receive funding for a pilot model to serve as a prevention model for seniors whose income is 150% or 200% of Medicaid eligibility (with a waiver) as part of a pilot project? Or, must all recipients be Medicaid eligible at the time of enrollment?